

community mental health centers is likely to grow because of increasing public acceptance of formal treatment for drug abuse and alcoholism, and a lessening of the stigma attached to those receiving mental health care. However, employment in hospitals—where one-half of psychiatric aides work—is likely to decline due to attempts to contain costs by limiting inpatient psychiatric treatment.

Replacement needs will constitute the major source of openings for aides. Turnover is high, a reflection of modest entry requirements, low pay, and lack of advancement opportunities.

Earnings

Median hourly earnings of nursing aides, orderlies, and attendants were \$7.99 in 1998. The middle 50 percent earned between \$6.72 and \$9.54 an hour. The lowest 10 percent earned less than \$5.87 and the highest 10 percent earned more than \$11.33 an hour. Median hourly earnings in the industries employing the largest number of nursing aides, orderlies, and attendants in 1997 were as follows:

Local government, except education and hospitals	\$9.20
Hospitals	8.10
Personnel supply services	8.10
Nursing and personal care facilities	7.50
Residential care	7.20

Median hourly earnings of psychiatric aides were \$10.66 in 1998. The middle 50 percent earned between \$8.33 and \$13.36 an hour. The lowest 10 percent earned less than \$6.87 and the highest 10 percent earned more than \$15.28 an hour. Median hourly earnings of psychiatric aides in 1997 were \$11.20 in State government and \$9.80 in hospitals.

Aides in hospitals generally receive at least 1 week's paid vacation after 1 year of service. Paid holidays and sick leave, hospital and medical benefits, extra pay for late-shift work, and pension plans also are available to many hospital and some nursing home employees.

Related Occupations

Nursing and psychiatric aides help people who need routine care or treatment. So do home health and personal care aides, child-care workers, companions, occupational therapy aides, and physical therapy aides.

Sources of Additional Information

Information about employment opportunities may be obtained from local hospitals, nursing homes, psychiatric facilities, State boards of nursing and local offices of the State employment service.

For information about a career as a nursing aide and schools offering training, contact:

☛ National Association of Health Career Schools, 2301 Academy Dr., Harrisburg, PA 17112.

Occupational Therapy Assistants and Aides

(O*NET 66021)

Significant Points

- Qualifications of occupational therapy assistants are regulated by the States and these workers must complete an associate's degree or certificate program. In contrast, occupational therapy aides usually receive most of their training on the job.
- Aides are not licensed, so by law they are not allowed to perform as wide a range of tasks as occupational therapy assistants do.



Occupational therapy assistants and aides help disabled patients function in home settings.

- Employment is projected to increase over the 1998-2008 period, but due to the effects of Federal limits on reimbursement for therapy services, the majority of expected employment growth is expected to occur during the second half of the projection period.

Nature of the Work

Occupational therapy assistants and aides work under the direction of occupational therapists to provide rehabilitative services to persons with mental, physical, emotional, or developmental impairments. The ultimate goal is to improve clients' quality of life by helping them compensate for limitations. For example, occupational therapy assistants help injured workers re-enter the labor force by helping them improve their motor skills or help persons with learning disabilities increase their independence, by teaching them to prepare meals or use public transportation.

Occupational therapy assistants help clients with rehabilitative activities and exercises outlined in a treatment plan developed in collaboration with an occupational therapist. Activities range from teaching the proper method of moving from a bed into a wheelchair, to the best way to stretch and limber the muscles of the hand. Assistants monitor an individual's activities to make sure they are performed correctly and to provide encouragement. They also record their client's progress for use by the occupational therapist. If the treatment is not having the intended effect, or the client is not improving as expected, the therapist may alter the treatment program in hopes of obtaining better results. In addition, occupational therapy assistants document billing of the client's health insurance provider.

Occupational therapy aides typically prepare materials and assemble equipment used during treatment and are responsible for a range of clerical tasks. Duties can include scheduling appointments, answering the telephone, restocking or ordering depleted supplies, and filling out insurance forms or other paperwork. Aides are not licensed, so by law they are not allowed to perform as wide a range of tasks as occupational therapy assistants do.

Working Conditions

Occupational therapy assistants and aides usually work during the day, but may occasionally work evenings or weekends, to accommodate a client's schedule. These workers should be in good physical condition, because they are on their feet for long periods of time and may be asked to help lift and move clients or equipment.

Employment

Occupational therapy assistants and aides held 19,000 jobs in 1998. About 4 out of 10 assistants and aides worked in offices of occupational therapists; and about 3 out of 10 worked in hospitals. The remainder worked primarily in nursing and personal care facilities, offices and clinics of physicians, social services agencies, outpatient rehabilitation centers, and home health agencies.

Training, Other Qualifications, and Advancement

Persons must complete an associate's degree or certificate program from an accredited community college or technical school to qualify for occupational therapy assistant jobs. In contrast, occupational therapy aides usually receive most of their training on the job.

There were 165 accredited occupational therapy assistant programs in the United States in 1999. The first year of study typically involves an introduction to healthcare, basic medical terminology, anatomy, and physiology. In the second year, courses are more rigorous and usually include occupational therapy courses in areas such as mental health, gerontology, and pediatrics. Students must also complete supervised fieldwork in a clinic or community setting. Applicants to occupational therapy assistant programs can improve their chances of admission by taking high school courses in biology and health and by performing volunteer work in nursing homes, occupational or physical therapist's offices, or elsewhere in the healthcare field.

Occupational therapy assistants are regulated in most States, and must pass a national certification examination after they graduate. Those who pass the test are awarded the title of certified occupational therapy assistant.

Occupational therapy aides usually receive most of their training on the job. Qualified applicants must have a high school diploma, strong interpersonal skills, and a desire to help people in need. Applicants may increase their chances of getting a job by volunteering their services, thus displaying initiative and aptitude to the employer.

Assistants and aides must be responsible, patient, and willing to take directions and work as part of a team. Furthermore, they should be caring and want to help people who are not able to help themselves.

Job Outlook

Employment of occupational therapy assistants and aides is expected to grow much faster than the average for all occupations through 2008. Growth will result from an aging population, including the baby-boom cohort, which will probably need substantial occupational therapy services. Demand will also result from advances in medicine that allow more people with critical problems to survive and then need rehabilitative therapy.

Employment growth would be even faster, except for Federal legislation imposing limits on reimbursement for therapy services. However, at the same time, third-party payers, concerned with rising health care costs are beginning to encourage occupational therapists to delegate more of the hands-on therapy work to occupational therapy assistants and aides. By having assistants and aides work more closely with clients under the guidance of a therapist, the cost of therapy should be more modest than otherwise.

Earnings

Median annual earnings of occupational therapy assistants and aides were \$28,690 in 1998. The middle 50 percent earned between \$20,050 and \$36,900 a year. The lowest 10 percent earned less than \$15,000 and the highest 10 percent earned more than \$45,740 a year. Median annual earnings of occupational therapy assistants and aides in 1997 were \$32,200 in offices of other health care practitioners and \$27,000 in hospitals.

Related Occupations

Occupational therapy assistants and aides work under the direction of occupational therapists. Other occupations in the healthcare field that work under the supervision of professionals include dental assistants, medical assistants, optometric assistants, pharmacy assistants, and physical therapy assistants and aides.

Sources of Additional Information

Information on a career as an occupational therapy assistant and a list of accredited programs can be obtained by sending a self-addressed label and \$5.00 to:

✉ The American Occupational Therapy Association, 4720 Montgomery Ln., P.O. Box 31220, Bethesda, MD 20824-1220.

Internet: <http://www.aota.org>

Physical Therapist Assistants and Aides

(O*NET 66017)

Significant Points

- Employment is projected to increase over the 1998-2008 period, but due to the effects of Federal limits on reimbursement for therapy services, the majority of expected employment growth is expected to occur during the second half of the projection period.
- Most licensed physical therapist assistants have an associate's degree, but physical therapist aides usually learn skills on the job.
- Two-thirds of jobs for physical therapist assistants and aides were in hospitals or offices of physical therapists.

Nature of the Work

Physical therapist assistants and aides perform components of physical therapy procedures and related tasks selected and delegated by a supervising physical therapist. These workers assist physical therapists in providing services that help improve mobility, relieve pain, and prevent or limit permanent physical disabilities of patients suffering from injuries or disease. Patients include accident victims and individuals with disabling conditions, such as low back pain, arthritis, heart disease, fractures, head injuries, and cerebral palsy.

Physical therapist assistants perform a variety of tasks. Treatment procedures delegated to these workers, under the direction of therapists, involve exercises, massages, electrical stimulation, paraffin baths, hot and cold packs, traction, and ultrasound. Physical therapist assistants record the patient's responses to treatment and report to the physical therapist the outcome of each treatment.

Physical therapist aides help make therapy sessions productive, under the direct supervision of a physical therapist or physical therapist assistant. They are usually responsible for keeping the treatment area clean and organized and preparing for each patient's therapy. When patients need assistance moving to or from a treatment area, aides push them in a wheelchair, or provide them with a shoulder to lean on. Because they are not licensed, aides perform a more limited range of tasks than physical therapist assistants do.

The duties of aides include some clerical tasks, such as ordering depleted supplies, answering the phone, and filling out insurance forms and other paperwork. The extent to which an aide or an assistant performs clerical tasks depends on the size and location of the facility.

Working Conditions

The hours and days that physical therapist assistants and aides work vary, depending on the facility and whether they are full or part-time employees. Many outpatient physical therapy offices and clinics have evening and weekend hours, to help coincide with patients' personal schedules.

Physical therapist assistants and aides need to have a moderate degree of strength, due to the physical exertion required in assisting